

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 AUG 15 2017
 Bayfield Co. Zoning Dept
 ENTERED

Permit #:	17-0377
Date:	9-18-17
Amount Paid:	1609 81517
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: LAWRENCE PAVINI Mailing Address: 1635D BUSCH TOWN RD City/State/Zip: HEBSTER, WI 54844 Telephone: 715-562-3794

Address of Property: 1635D BUSCH TOWN RD City/State/Zip: HEBSTER, WI 54844 Contractor Phone: 715-562-0099 Plumber: WIT 54844 Cell Phone: 800-9-501-3333

Contractor: IDE HOKANSON Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-562-0099 Agent Mailing Address (include City/State/Zip): HEBSTER, WI 54844 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4 NW 1/4 Tax ID# (4-5 digits) 11612 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____

Section 15, Township 50 N, Range 07 W Town of: CLOVER Lot Size _____ Acreage: 40

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue If yes---continue

Distance Structure is from Shoreline: Intermittent Stream feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: feet Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>24,000+</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<u>30,000</u>	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>METRO</u>	<input checked="" type="checkbox"/> Sewell
<u>54,000</u>	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<u>None</u>	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 27' Width: 40' Height: 10'

Proposed Construction: Length: 27' Width: 48' Height: 10'

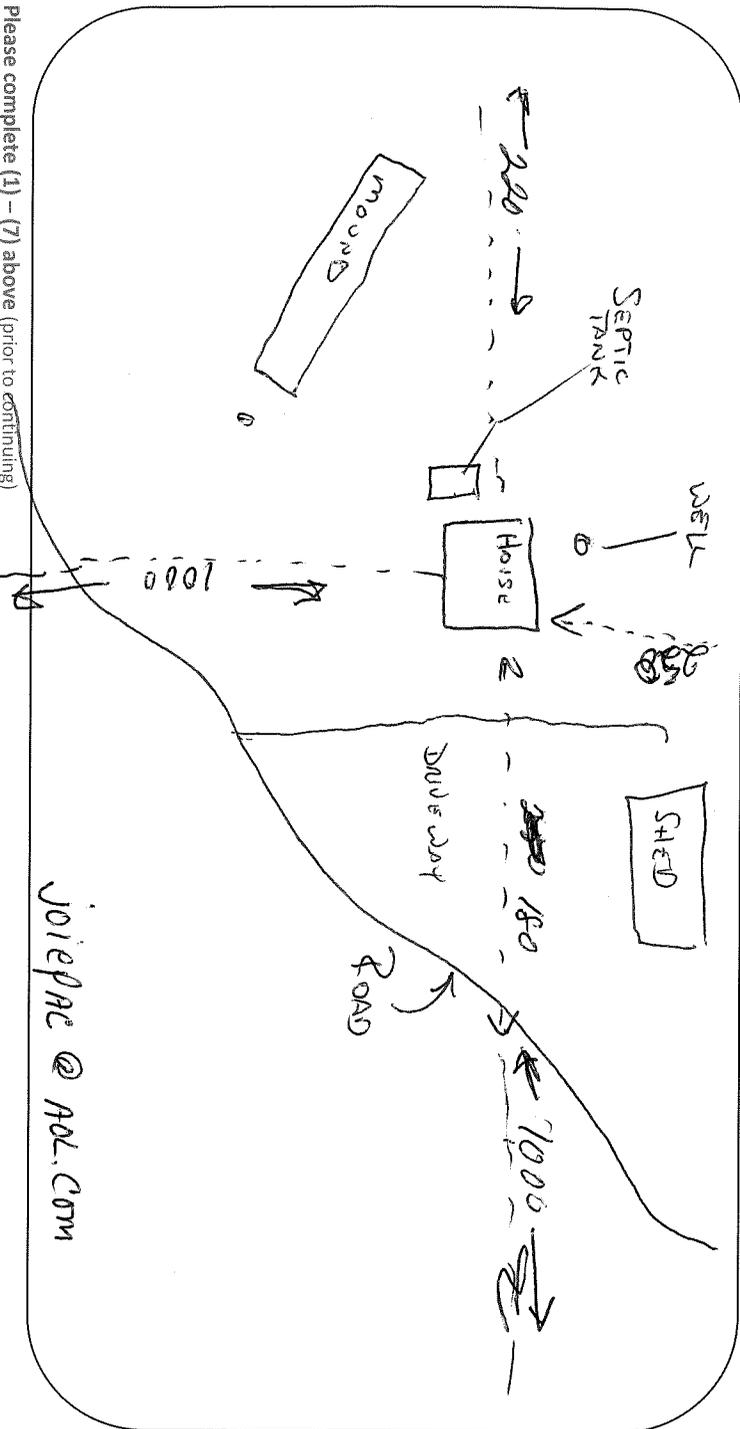
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify) <u>CLOSET / PAWLEY - FAMILY RM</u>	(<u>8</u> x <u>26</u>)	<u>208</u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>SEP 8</u>	(<u>12</u> x <u>27</u>)	<u>324</u>
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of information provided and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described project at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 8-15-2017
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit _____
 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)
 (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	190' 240'	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	142'	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	258'	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	1000'	Setback from Wetland	— Feet
Setback from the West Lot Line	280'	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	220'	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	—	Setback to Well	60' Feet
Setback to Drain Field	195'		
Setback to Privy (Portable, Composting)	—		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 17-1855 # of bedrooms: 3 Sanitary Date: 9-15-17
 Permit Denied (Date): Reason for Denial:
 Permit #: 17-0372 Permit Date: 9-18-17

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous lots) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: Yes No Previously Granted by Variance (B.O.A.) Case #: Yes No

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Was Property Surveyed Yes No
 Was Proposed Building Site Delineated Yes No Affidavit Required Affidavit Attached Yes No

Inspection Record: *work addition sites staked*

Date of Inspection: 8-28-17 Inspected by: *SC Murphy* Zoning District () Lakes Classification ()
 Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)
none

Date of Re-Inspection: _____

Signature of Inspector: _____ Date of Approval: 9-18-17
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

City, village, State or Federal
May Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE - X
SANITARY - 17-105S
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0377** Issued To: **Pacini Family Trust / Lawrence Pacini, Agent**

Location: **NE** ¼ of **NW** ¼ Section **15** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1.5- Story; Closet / Pantry (8' x 26') = 208 sq. ft.;
Family Room (12' x 27') = 324 sq. ft.] Total Overall = 532 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

September 18, 2017

Date

APPLICATION FOR RECREATIONAL VEHICLE

ENTERED

RECEIVED

JUL 26 2017

Bayfield County Planning and Zoning Department
 P.O. Box 58
 117 East Fifth Street
 Washburn, WI 54891
 Phone - (715) 373-6138

Office Use:	
Zoning District/Lakes Class	_____
Application No.	<u>170381</u>
Date	<u>9-18-17</u>
Fee Paid	<u>175 7-26-17</u>

Bayfield Co. Zoning Dept.

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 Changes in plans must be approved by the Zoning Department

Property Owner James & June Farkas
Mailing Address 4 Bennington Rd.
Superior WI 54884
Telephone 218-428-0452

Property Address of RV placement. 8916S BARK POINT RD
HERBSTER WI 54844
Agent: _____
Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

1/4 of 1/4 of Section 2 Township 57 N. Range 7 W. Town of CLOVER
 Gov't Lot 1 Lot 1 Block _____ Subdivision _____ CSM # 1029
 Volume 6 Page 345 of Deeds Parcel I.D. # 12072 Acreage 23.0
Additional Legal Description: S 26/T 51/R 07W

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: New Replacement **Year:** 2003 **Vin #:** 4YDT299243120-8264

Make of RV: KEYSTONE **Model of RV:** 299 RLS

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only		Zoning District/Lakes Class: _____
Permit Issued:	Sanitary Number <u>120244</u>	Date <u>7-12-14</u>
Issuance Date <u>9-18-17</u>	Permit Number <u>17-0381</u>	Permit Denied (Date) _____
Reason for Denial: _____		
Inspection Record: _____		
By <u>JCMurphy</u>		Date of Inspection <u>8-28-17</u>
Variance (B.O.A.) # <u>N/A</u>		
Condition: <u>RV may be placed up to 4 months from issuance date.</u> Must be removed by: <u>no expiration on TB approval. Director agrees.</u>		
Signed _____ Inspector		Date of Approval _____

City, Village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY - X (Composting Toilet)
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0381** Issued To: **James & June Farkas**

Part of the
Location: - 1/4 of - 1/4 Section **26** Township **51** N. Range **7** W. Town of **Clover**

Gov.t Lot Lot **1** Block Subdivision CSM# **1029**

For: **Recreational Vehicle (RV) and Privy (Composting Toilet)**

Make: **Keystone** Model #: **299RLS** Vehicle #: **4YDT2992431208264** Year: **2003**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition:

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

September 18, 2017

Date